DOCUMENT RESUME

ED 210 139 RC 013 081

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TITLE Cultural Adaptation of the Skills Training Model: Assertion Training with American Indians.
PUB DATE Aug 81
NOTE 19p.; Paper presented at the Symposium on "Cultural Dimensions of Counseling the American Indian" at the Annual Meeting of the American Psychological Association (Los Angeles, CA, August 1981). For a related document, see ED 201 436.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; *American Indians; *Assertiveness; Behavior Patterns; Biculturalism; Change Strategies; Communication (Thought Transfer); *Coping; *Counseling Techniques; Cultural Differences; Group Dynamics; *Interpersonal Competence; Mental Health; Problem Solving; Program Descriptions; Role Models; Role Playing; Self Determination; *Skill Development; Social Behavior

ABSTRACT

A skills training approach provides a conceptual framework from which human services can be provided for the personal and emotional needs of Indian people without the subtle, culturally erosive effect of traditional psychotherapy. Some 30 tribal groups and agencies participated in a cultural adaptation of an assertive coping-skills training intervention program for a year. The general themes of coping, self-determination, and communication were reflected in the ultimate program goal, which was competence in a biculturally appropriate lifestyle. Program goals emerged from discussions among community members. Formal and informal modeling provided a variety of Indian coping models enacting appropriate assertive behavior in several Indian and non-Indian social, family, and business settings. Indian and non-Indian persons rated 24 pre-training and 24 post-training role play scenes by 6 participants to determine whether relevant and noticeable change had taken place. Results indicated that the cultural adaptation of social skills training appeared to be more effective for American Indians than traditional psychological approaches. (CM)

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SYMPOSIUM

CULTURAL DIMENSIONS OF COUNSELING THE AMERICAN INDIAN

Cultural Adaptation of the Skills Training Model: Assertion Training with American Indians

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RC 013041

Paper presented at the annual meeting of the

American Psychological Association

Los Angeles, August, 1981

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Cultural Adaptation of the Skills Training Model:

Assertion Training with American Indians

A seemingly viable strategy, when developing a statement on counseling and therapy with American Indians, would be to build a rationale for the urgent need for psychological services by listing a variety of indicators of social disorganization. The litany would include reference to the effects of poverty—the incidence of substandard housing and sanitation facilities, the presence of malnutrition and inadequate primary health care, the high rate of unemployment, and the cold fact of shortened life expectancy. The high frequency of run-ins with the law might be mentioned and, perhaps, the large percentage of Indian children who are involved in adoption proceedings. Almost certainly the alcohol and other substance abuse problems would be cited and reference made to the tragic suicide rate. The observation could then be made that these are the signs of a people in despair and that they certainly need more extensive mental health services.

Whether or not to characterize people as being in despair has utility in terms of conceptualizing the problem and suggesting effective interventions will be discussed later. However, to recommend more of something which until now has been underused would seem unwarranted. When few avail themselves of mental health services in the first place, and when most of those who do so then fail to return for the scheduled second visit (Sue, Allen, & Conaway, 1978), one could speculate that American Indian people find the experience long on aversiveness or short on meaningfulness (or both). In fact, some researchers (Dinges, Trimble, Manson, & Pasquale, 1981) regard the under or non-utilization of traditional mental health services as a benign situation, exposing few persons to the acculturative stress associated with traditional psychotherapy and avoiding large-scale exposure to the culturally biased attribution of problems which is inherent in the process.

In other words, some influential psychologists are of the opinion that mental health services provided by the Indian Health Service (IHS) or by state agencies may, in the end, be more destructive than helpful for Indian people. Exposure to traditional psychotherapy is seen as having the potential to bring about the transformation of American Indian social beliefs and, consequently, behavior. Eventually this interference would be likely to create new problems based on the newly accepted attributions contained in the assumptions of the therapeutic system (Dinges, et al., 1981). In the final result, what passed for adaptive in one culture would be non-adaptive, in fact culturally destructive, in another.

Although the use of indigenous people as paraprofessionals and the collaboration of traditional healers with IHS mental health professionals are viewed as promising exceptions to common practice, the problem lies deeper and is embedded in the system. Historically, assistance with personal/social/emotional problems has been the province of the IHS, thereby ensuring utilization of the medical model to conceptualize problematic human behavior. Traditional clinical dogma not only encourages the maintenance of conventional treatment modalities, as pointed out by Trimble and Lee (Note 1), but is based on assumptions of abnormal behavior which emphasize the construct of mental illness and intrapsychic causation of behavior.

While we believe that limiting the role of the mental health professional is justified from a social ecology point of view as a legitimate reaction, it is restricted to a defensive function and contributes little toward altering the future in a proactive manner. This may be a wise course of action, but a limited one that is not responsive to the need for a general framework to accomodate the increasing diversity of American Indian ways of life. Following up on suggestions that we use traditional and existing social networks (Atneave, 1969), use mythological themes (Jilek-Aall, 1976), or

that we attend carefully to the increasing number of innovative and exemplary programs (Kinzie, Shore, & Pattison, 1972; Bloom & Richards, 1974; Cooley, Ostendorf & Bickerton, 1979; Dinges, et al., 1981; Ryan, Note 2) to increase therapeutic effectiveness is good advice, but counselors need something more basic. We need a conceptual framework from which human services can be provided for the personal and emotional needs of Indian people in a respectful manner, which is without the subtle culturally erosive effect of traditional psychotherapy. We propose that the general skills training model meets these requirements.

Skills Training

Skills training as a psychotherapeutic intervention is based on social-learning theory (Bandura, 1977) and the associated personality conceptualization (Mischel, 1973, 1979). It is based on the view that persons' response to various situations are learned through previous experiences and are continually being altered (or maintained) by the consequences of behavior which they observe or which they experience directly. Responses are mediated by cognitive processes such as expectations, intentions, attributions, estimation of self-efficacy, and awareness of choices.

Social-learning theory identifies three elements necessary to the meaningful analysis of ongoing events—the person, behavior, and environment. Each is seen as being mutually influenced by the others in an interactive network labeled reciprocal determinism (Bandura, 1978). Thus, persons are not viewed as being largely controlled by traits or emotional states, on the one hand, nor by conditioned responses, on the other. Rather, human behavior is conceptualized as being largely the result of the reciprocal influence of person and environmental variables and the interactive effects of each.

A skills training approach considers that both effective and ineffective behavior patterns are learned continuously through the consequences that our acts elicit from

others and by observing the behavior of others. The behaviors that become recurring aspects of our repertoirs (traditionally, "integrated into the personality") are those which are socially reinforced in a manner meaningful to our phenomenal system (Eisler & Frederickson, 1980). People who observe ineffective models or are reinforced for non-adaptive behavior, and those whose environment does not reinforce adaptive behavior, or, in cases of cultural oppression, does not include the option of such behavior, are unlikely to develop the skills necessary for effective living.

A skills training model conceptualizes problematic behavior in terms of the specific discrepancies between the person's observed or self-reported behavior and behavior considered effective by an analysis of socially competent behavior. The criteria for determining social competence do not presume any external validity, but are pragmatically concerned with utility. A working measure of social competence should assess the success of the person in meeting social expectancies and, if possible, should relate to the optimal personal development of the individual (Zigler & Trickett, 1978). In addition, it has been pointed out (Rathjen & Foreyt, 1980) that these criteria can be looked at from the point of view of either society or the person involved, and that each criterion could be viewed in terms of the immediate situation or the long-term effects. An additional dimension is brought into play when consideration is given to whether the effects are assessed in the Indian world or non-Indian world.

For example, a male reporting job dissatisfaction, a feeling of helplessness, and the onset of apathy or depression because of perceived favoritism toward Whites in terms of job assignments, pay increases, and recommendations for promotion would be seen as needing to increase his effectiveness in making his environment responsive to his legitimate interests. A complex of socially competent responses to the problem

situations would be identified and the person's interpersonal skill in each would be increased through systematic training. Rather than speculating upon what intrapsychic deficits may prevent him from acting effectively, labeling what mental disorder this represents, and developing a treatment plan to alter his personality so as to remove or minimize the presumed deficit, he would be trained directly to respond more competently, without recourse to inferred, abstract, and definitely culture-bound mechanisms.

From a skills training point of view the most direct intervention toward increasing the person's competence is preferred, since the use of secondary psychological abstractions, e.g., psychiatric classifications, diffuses treatment from the behavior of concern with a resulting loss of effectiveness. Therefore, third order abstractions such as despair are considered to have low utility, and perhaps even be seductively misleading, in terms of effective conceptualizing of problem behavior, at the same time suggesting intervention procedures that are at best indirect. Moreover, while such abstractions may be accurate in a literary or descriptive sense, their use presents a significant risk of perpetuating negative sterotypes of American Indians.

Of course, clinical sensitivity always is necessary for effective therapeutic outcome. Careful assessment should identify whether the person is capable of performing a target behavior effectively or if the behavior is functionally inhibited by anxiety, whether cognitive mediating factors such as excessively high personal standards are involved, or whether the person lacks information about available alternative courses of action. Accordingly, the most effective assistance might be social skills training, anxiety management training, systematic rational restructuring, or simply providing information so that the person can make an informed choice. As Trimble (1981) and Ryan (Note 3) have emphasized, the central importance of the role of values

must also be recognized. Certainly, the therapist should be aware of the expectations, attributions, emotional valence, and the themes of coping strength and vulnerability which the client brings to the problem of concern.

There are several significant advantages to a skills training approach with American Indians. First, it is culturally neutral and can be directed toward any problem areas or behaviors that may be chosen for attention. It requires no particular model of appropriate or correct behavior, thus allowing program designers and participants freedom to define target behaviors, subject only to the constraints imposed by the criteria for social competence described earlier. Second, skills training has great promise in terms of preventive applications (Barrios & Shigetomi, 1980). Even for remedial purposes, the preferred vehicle for presenting skills training is a small group, although individual treatment can be carried out. Also, skills training appears to be at least as effective, and often more effective, than alternative treatments in comparative studies reviewed to date (Bellack & Hersen, 1979; Goldfried, 1980). Finally, it is applicable to a wide range of problem areas that may be particularly relevant to Indian people. Such areas include, but are not limited to, effective assertiveness, handling stress, problem solving, job interviewing, parenting, substance abuse, leadership training, handling depression, and marital relations. In each case, however, special attention must be given to the cultural adaptation of a technology that itself is culture-blind.

Assertion Training: An Example

What follows is an account of the cultural adaptation of an assertive coping-skills training intervention with American Indians. The specifics were refined over a one-year period as a result of interactions with approximately 30 tribal groups and agencies. The purpose of the following information is not to provide a prescription for adapting coping skills training with American Indian groups. Rather, the intention is to

provide a description of the adaptational process, so that reflection on this experience may clarify the development of counseling interventions of relevance to American Indian peoples.

Assertion training is a particularly useful illustration because making one's desires, views, or preferences known in an Indian or in a non-Indian setting would likely result in clearly different behaviors. However, a basic concern is whether a bicultural approach to contending with the dominant American culture is a viable option for Indian people. Biculturalism refers to dual modes of social behavior that are appropriately employed in different situations (Attneave & Kelso, 1977). Some Indian observers believe that a functionally effective bicultural lifestyle is a myth, that one will necessarily become ineffectively stranded between the two cultures. They believe, for instance, that one lifestyle will necessarily replace the other (Leon, 1968) or that personal preference and commitment to one lifestyle will predominate (Charleston, Note 4). Others, however, suggest that effective functioning in two cultures leads to greater self-actualization (Dinges, Yazzie, & Tollefson, 1974). The issue, of course, is not whether to act assertively is appropriate, but whether to act appropriately assertive is an effective and acceptable means of coping for Indian people.

Assertion training usually includes four basic components: (1) identifying and accepting ones own rights and the rights of others, (2) learning the differences between aggression, assertion, and nonassertion, (3) reducing cognitive and affective barriers to acting appropriately, and (4) improving assertive skills through practice or behavior rehearsal (Lange & Jakubowski, 1976). The need for cultural adaptation of the assertion training format became evident after reviewing representative programs. The content of most of these programs lacks attention to perceptions and implications of interracial assertive interactions, ignores the belief systems of culturally different individuals, and

usually focuses on middle class concerns (Cheek, 1976). Relevant goals for this program began to emerge after many community discussions of situations in which Indian people would like to have behaved differently. Those which were often mentioned and finally included in the program were:

1. Challenging educators and curriculum materials which over-generalize or stereotype Indians.
2. Openly expressing disagreement with other Indians at meetings instead of complaining afterwards.
3. Maintaining composure when you are called names like "Chief," "Injun," "Squaw," or "Brave."
4. Standing up to the jargon of federal and local program administrators.
5. Stabilizing outside or non-Indian interference which undermines group efforts.
6. Refusing requests from relatives and friends that are unreasonable and beyond your ability to grant.
7. Telling someone who thinks they are being helpful, that they are in the way.

The themes of coping, self-determination, and communication are reflected in the goal of this program, competence in a biculturally appropriate lifestyle. A bicultural assertive lifestyle involves being benevolently interested in the needs of the group, socially responsible to perpetuate a belief system that highly values personal rights and the rights of others, self-confident in situations requiring assertive behavior for self and fellow tribal members, and decisive about being assertive when it is necessary and culturally appropriate to do so. Subgoals include the knowledge and practice of the following: communication skills to enhance self-determination; coping skills to resist the pressure to acculturate or give up one's Indian identity; and discrimination skills to

determine the appropriateness of assertive behavior in Indian and non-Indian cultures (LaFromboise, 1980). Brainstorming program goals among community members was intended to increase the likelihood that program activities would be meaningful to the participants.

Preliminary assessment using the Adult Self Expression Scale (Gay, Hollandsworth, & Galassi, 1974) was presented in a manner that provided a consciousness-raising experience for the respondents in regard to their need to be assertive. Information about the verbal and non-verbal components of assertive, non-assertive and aggressive behavior, rights and responsibilities, and effective communication (Gordon, 1970) were presented throughout training. The key instructional element of this assertion program stressed the situation-specific nature of assertiveness which depends on the place, the time, and the person with whom one is being assertive. Indian-specific issues in message matching were designed as a result of community discussions which frequently referred to the differences in Indian and White language content, style, and function (LaFromboise, Note 5). Several discrete categories of Indian and non-Indian target people (traditional White, "Apple" Indian, etc.) were created to simplify training in the ability to discriminate different populations which would require different messages. Sample role play scenes were designed and tribal people surveyed as to their preference for different kinds of assertive responses (basic, empathic, or escalating). Rights issues were most easily addressed by distinguishing between human rights and special Indian rights based on tribal sovereignty and treaty agreements (Washburn, 1976).

Formal and informal modeling showed a variety of Indian coping models enacting appropriate assertive behavior in several Indian and non-Indian social, family, and business settings (Rowe & LaFromboise, 1979). The modeling videotapes produced for

this project included a stimulus tape to elicit feelings about the need for Indian assertive behavior; a testimonial tape in which Indian people discuss and demonstrate times when they were assertive and positive results occurred; a discrimination tape of assertive, non-assertive and aggressive responses; and a demonstration tape of assertive Indian message matching.

Indian group support and consensus were noticeable during the behavior rehearsal and feedback segments of assertion training. Numerous problem situations involving the denial of individual rights and group rights were readily presented by the participants. Although coping rather than mastery behavior rehearsals were emphasized, the importance of the American Indian spokesperson role became evident as group participants continually placed priority for mastery on situations involving individuals being assertive for the sake of the group or tribe. Internal conflict about assertiveness was noticeable as some participants became increasingly anxious during behavior rehearsals. This provided a natural opportunity to clarify American Indian beliefs about rights and responsibilities through group cognitive restructuring procedures (Lange & Jakubowski, 1976) along with the further opportunity to refine assertive responses.

Group participant feedback during Indian to White assertive behavior rehearsals frequently concentrated upon eye contact, timing, loudness of voice, and the content of the message, which fit well with their stated belief that Whites often appear to be more concerned about the direct and succinct nature of spoken words rather than the manner in which they are delivered (Hall, 1576). Group members appeared to be most concerned about potential social reinforcers and the appropriateness of assertive behavior during Indian to Indian behavior rehearsals.

Following is a brief outline of the assertion training program, adopted instructionally to respect the American Indian traditions of role modeling and group concensus:

I. Developing an Indian Assertive Belief System

A. Adult Self-Expression Scale (ASES)
B. Indian Group Identity
C. Consciousness Razors
D. Stimulus Tape
E. Indian Bill of Rights Exercise

II. Understanding Assertive, Aggressive and Nonassertive Behavior

A. Definitions, Messages, and Goals
B. Importance and Development of Assertive Behavior
C. Verbal and Non-verbal Components
D. Group Awareness Profile
E. Cultural Appropriateness

III. Practicing Basic Assertion Skills for Self-Determination

A. Demonstration of Pre-arranged Situations
B. Role Play Expressing Positive Feelings, Negative Feelings, and Self-affirmation
C. Assessing Consequences and Counterproductive Beliefs
D. Coaching and Feedback

IV. Understanding Message Matching

A. Indian-White Language Comparison
B. Five Categories of Target People
C. Assertive Indian Messages
D. Counter Assertions
E. Consequences of Assertive Messages

V. Practicing Message Matching

A. Demonstration of Identification of Target Person's Orientation and Messge Matching
B. Role Play Message Matching and Target Person's Identification in Triadic Format
C. Coaching and Feedback of Cultural Appropriateness
D. Role Play Situations Using Message Matching Format
E. Coaching and Feedback on Cultural Appropriateness

IV. Assessment

A. Comparison of Pre- and Post-training ASES Scores
B. Behavioral Measures
C. Self-report and Program Director's Report
D. Evaluation of Training

Assessment of the efficacy of the training program was conducted using a social validation approach (Kazdin, 1977). The social acceptability of assertion training as a

relevant focus for coping skills intervention was earlier verified on the basis of increased requests for training by American Indian groups. The behavior of Indian trainees in the program was evaluated by combined social comparison and behavior role play rating procedures to assess social competence. American Indians, who were likely to have contact with the trainees, and non-Indians participated as raters of the videotaped behavior rehearsals. Raters were asked to rate 24 pre-training role play scenes and 24 post-training role plays enacted by six trainees in the assertion program one month following training to determine whether change following the program was relevant as well as noticeable. The results indicated that this assertion training intervention had increased participants' voice level, requests for new behaviors during assertive interactions, emotional tone of voice, and overall level of assertiveness as perceived by Indian and non-Indian raters. The lack of difference in the ratings of Indian and non-Indian raters lends assurance to the generalizability of these trained assertive behaviors in both Indian and non-Indian social contexts.

Several less obtrusive forms of program evaluation than the laboratory simulation reported here could be used to assess the effectiveness of assertion training with American Indian people. Measures of conversation samples during meetings or any naturally recurring, real-life situation could be analyzed for assessment purposes (Eisler, Miller, & Hersen, 1973). Other procedures such as self-report inventories and peer observations could be used singly or in combination, depending upon the group's acceptance of paper and pencil measures.

The likelihood of traditional and non-traditional Indian groups supporting this coping skills intervention depends upon several factors. It is critical that counselors and therapists interested in this approach be sensitive and knowledgable of diverse tribal groups, cautious of making unwarranted claims about the effectiveness of

assertion training, and skilled in directing group discussions away from racial stereotyping and generalizations. Preventative group skills training utilizing existing network systems appears to be recognized by the Indian community as being a more cost-effective use of counselors than employing them in individual, traditional psychotherapy. The transition of many Indian staff members from social supportive roles to more assertive social-action roles is also more cost-effective for community agencies.

This project represents one attempt to provide a guide for social competence in which American Indians are able to: meet the general demands of an assertive society, defend their special rights as sovereign people, discriminate the appropriateness of acting assertively within Indian communities, and enact assertive behavior without undue anxiety in cross-cultural interchanges. Other skills training interventions could be similarly adapted to emphasize positive aspects of American Indian responses to problems and their refinement within different cultural contexts. The cultural adaptation of social skills training appears to be a more effective and accountable means of providing preventative psychological service to American Indian people than traditional psychotherapy. And American Indians are more likely to respect the less-interfering, consultant role of counselors who recognize their advisory function within a holistic social system.

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